

STATEWIDE PROGRAM STANDING COMMITTEE
FOR ADULT MENTAL HEALTH

Meeting Notes
June 12, 2006

MEMBERS: George Karabakakis, Gladys Mooney, Clare Munat, Marty Roberts, and Jim Walsh

DMH STAFF: Paul Blake, Ron Clark, Melinda Murtaugh, Dawn Philibert, Frank Reed, and Terry Rowe

OTHERS: Cindy Bullard, Josh Compton, Anne Donahue, Nick Emlen, Stuart Graves, Michael Hartman, Graham Parker, Nancy Perrault, and Liz Reardon

Facilitation

Clare Munat facilitated today's meeting.

Update on the Vermont State Hospital (VSH): Terry Rowe

Recent developments at VSH include:

- ∞ The Board of Health has issued a conditional license for VSH for another six months. The hospital will now report monthly rather than every other week to the Mental Health Legislative Oversight Committee. Terry thinks that the Board of Health has been impressed over the past several months with the hospital's competence to fulfill regulatory requirements.
- ∞ VSH staff members have new ID badges, thanks to in-house photography.
- ∞ Terry still talks regularly with Marty Roberts about feedback from patient focus groups conducted by members of the Adult Standing Committee and provides follow-up information to the Standing Committee too. In addition, the VSH leadership team will meet monthly on each unit with patients who have gone to the focus groups and any others who want to offer input.

Marty mentioned her understanding that hospital staff are not supposed to go to the focus groups conducted by Standing Committee members but noted that a staff person was present today at the meeting she was conducting on Brooks-2. Terry said that staff should know not to attend those meetings unless there is a clinical reason for doing so. She will follow up with the staff on Brooks-2.

- ∞ Terry seeks input from any others who want to offer it on how VSH staff can be more responsive to the patients.

**Medical Home Project: Liz Reardon, Cindy Bullard,
Michael Hartman, and Stuart Graves**

The Standing Committee invited these presenters to talk today about Vermont's Medical Home Project of a few years ago. It was undertaken originally, in 2000, with funding from the Robert Wood Johnson Foundation to show that mental-health clients have access to primary health care as well as mental-health services. The timing coincided with the introduction of case rates for clients in Community Rehabilitation and Treatment programs in the state. The two pilot sites were Washington County Mental Health Services and the Howard Center for Human Services. The RWJ funding has ended but the medical-home activities continue.

A medical home—that is, a place where one can initiate needed treatment for physical and mental health—is important for everyone, Liz said, but especially for people with mental illnesses who have higher rates than the general population of serious co-occurring physical disorders (for example, respiratory ailments, heart disease, and diabetes). Vermont's medical home project concentrated on coordinating treatment for diabetes and mental illnesses.

The accomplishments of the RWJ-funded project included:

- Demonstrating that people with chronic mental illnesses are the highest-cost population seen in primary care
- Showing that onsite nursing support can improve health status
- Wellness is not expensive
- Medical care and recovery concepts can be integrated

Cindy is a nurse-partner at Washington County Mental Health Services, and she explained how things work there. The medical home is based on the chronic-care model. She helps to see that clients get the tests they need, and she closely monitors hemoglobin A1C. There is a great deal of collaboration in the care partnership with clients, who often improve their self-care skills, check their own blood sugar levels, start exercising, and learn about more-healthy eating. The nurse-partner also works closely with home health agencies. The nurses are extremely helpful; people tend to engage more easily, stay in the program longer, and do better, Cindy said.

Dr. Graves stressed the importance of the participation of peers in the whole medical home process. He would like to broaden the recovery concept to include self-care for physical conditions, something that would be “patient-owned.”

Michael Hartman emphasized that treatment is highly personalized for people who have difficulty processing information. Sometimes lessons bear repeating many times over. It is possible that the efficient management of medication and treatment coordination for the most expensive clients could produce enough savings to fund nurse partners around the state.

For additional information, see the materials that Liz distributed.

Approval of May 8 Notes

The Standing Committee unanimously approved the notes on the May 8 meeting as written. There were no abstentions.

Reminders from Clare Munat

Clare reminded Standing Committee members of the responsibilities and role of the committee. Members of the public who attend these meetings should save their comments for the period reserved for public comment. The Standing Committee may listen but cannot necessarily respond, perhaps often will not respond. The Standing Committee is not an advocacy group.

The Futures Project: A Request

Clare said that she has many questions about the Futures Project. She would like to invite Beth Tanzman to come to future Standing Committee meetings to provide updates.

Draft, Revised Certificate of Approval (COA): Dawn Philibert

Dawn explained that Vermont's Certificate of Need law excludes large capital-expenditure projects by designated agencies (DAs) from CON review but delegates this responsibility to the Departments of Health and of Disabilities, Aging and Independent Living. To make the application and approval process clearer and more efficient, the procedures are being revised and the name of the approval will now be "Certificate of Approval" (COA). The revisions are being presented to the Standing Committees for Adult Mental Health, for Children and Adolescents and Their Families, and for Developmental Services for input. In general, the revised application process is intended for projects that designated agencies want to undertake at a cost of more than \$1.5 million (or \$1 million in some specified circumstances).

Proposals will be evaluated based upon five criteria:

- ✓ Relationship of the project to the agency's strategic plan
- ✓ The need for the proposed project
- ✓ Organizational structure, affiliations and operations
- ✓ Local input sought
- ✓ Financial feasibility and impact analysis

Dawn will accept input from the Standing Committees over the next three weeks. E-mail is fine: dphilib@vdh.state.vt.us. Marty agreed to inform any standing committee members, who were not present today, of this time frame.

Anne Donahue wanted to know if Dawn had read the legislative changes put through this year. Dawn replied that she has consulted with the Division of Mental Health's (DMH) Assistant Attorney General Wendy Beininger about the latest change in statutory language and will review this language. Nick Emlen asked if anyone has used this form before now. Dawn answered that DMH has used an earlier application packet developed by Susan Besio for two projects that have been reviewed and approved in the past year. The current revisions are an attempt to clarify

application instructions and timelines as well as consolidate application questions. Some information about the anticipated revisions was shared with future applicants, as the earlier packet did not have instructions and timelines.

Membership Committee Report: Marty Roberts

Marty reported that she received telephone calls from two people interested in being on the Standing Committee after Anne published an article in *Counterpoint* to highlight the current vacancies. In addition, a third person from St. Albans may be interested, but Marty does not have contact information yet.

Search for Health Commissioner: Paul Blake

The initial fifteen candidates were narrowed down to three, all of whom have been interviewed at both the Agency of Human Services and the Vermont Department of Health. One is from Vermont and the other two are from elsewhere (although one of those two used to live in Vermont and moved away). Paul thinks that all three are pleasant, knowledgeable, and interested in bringing health and mental health together. Governor Douglas will interview the finalist(s) before making his decision about appointment. There is no plan for input from stakeholders or the general public, Paul said.

Reports on Recovery and Peer Programs: Marty Roberts

Marty asked to be put on the Standing Committee agenda over the next three meetings for reports on recovery and peer programs in Vermont, New Hampshire, and New York.

Recovery Days. Marty talked about Recovery Day celebrations held recently in Montpelier and Middlebury. The theme in Montpelier was “The Harmony of Hope,” focusing on activities and stories of hope: having a better life, things working out, and making a hope survival kit to use in difficult times (for example, listing four really positive experiences). George Van Nostrand and Linda Corey were among the featured speakers. Middlebury focused on peer initiatives, with two panels of representatives of peer programs around the state. Other Recovery Days have been held in Brattleboro and Rutland, in addition to four organized by the Mental Health Education Initiative in Chittenden County.

Community Links. The Community Links project grew out of earlier work with adults with severe mental illness who are on orders of nonhospitalization (ONH), or civil commitments. The previous project found out that those individuals all feel isolated and want to lead lives that are not centered on the public mental-health system. Thus Community Links was developed as a program to address these needs. The training of links looks to help people develop skills such as listening to others and learning about community resources. Community Links directly links someone in the community with someone who has a mental illness and is on an ONH, without community mental agency involvement; the object is to help someone find a way to reconnect to the community. Sherry Mead and Marty have recently trained nine more people to be community links, but the project really needs a staff person to support it and recruiting efforts have not so far been successful.

Other Recovery Activities.

- ◆ Three recovery workshops were held this spring, one in Washington County, one in Addison County, and one in Randolph. They were open to clients of designated agencies. Recovery workshops receive funding through Vermont Psychiatric Survivors and the designated agency.
- ◆ A recovery group meets weekly at the Vermont State Hospital.
- ◆ Two months ago another team started a similar group at Retreat Healthcare in Brattleboro.
- ◆ VPS is doing a second recovery series at the Veterans' Administration Hospital in White River Junction. These series are aimed at people coming back from military duty abroad. VA hospitals in other parts of the country are also beginning to participate in this program.

Clare Munat added that NAMI—VT has a support group that also meets at the VA Hospital.

Redesignation of Healthcare and Rehabilitation Services of Southeastern Vermont

George Karabakakis highlighted some of HCRS's strengths in Adult Outpatient programs (AOP):

- Collaboration with primary care, similar to the Medical Home project
- Peer supports
- Police-social worker program in Bellows Falls
- ElderCare (99 percent of services are provided outside the offices of the designated agency)
- Walk-in clinics at four major sites
- Strong staff trained in co-occurring disorders
- AOP psychiatry and case management

George added that the Emergency Services program at HCRS is based on collaboration with Washington County Mental Health Services and it works very well.

Graham Parker did the same for Community Rehabilitation and Treatment, emphasizing the strong recovery focus and WRAP (Wellness Recovery Action Plan) culture at the agency. Recent developments at the Peer Recovery Center in Springfield are quite promising. A permanent board for the Peer Recovery Center is currently working out policies and procedures. The Recovery Center's Web address is www.prc.talkspot.com. HCRS also has peer support, with a volunteer training program focused on educational presentations, interview questions, a vision and mission statement, and the like.

Josh Compton talked about recently bringing together the vocational programs in CRT, Developmental Services, and Vocational Rehabilitation under one director. It was especially important, Josh said, to find a way to keep clients or potential clients from "falling through the cracks" between eligibility requirements for these programs. HCRS's Nurturing Parent program is

designed specifically for parents with disabilities. The curriculum, fourteen or fifteen weeks long, is offered in collaboration with Children's Services. The program keeps families together.

Marty remarked on how impressive the interdivisional team is at HCRS. She suggested a possible future presentation to the Standing Committee.

Jim Walsh made the motion to redesignate HCRS without conditions. Gladys Mooney seconded the motion. It was approved unanimously, with no abstentions.

DMH and Futures Report: Frank Reed

Highlights of recent DMH activities:

- ❖ Lots of budget meetings with various agencies
- ❖ Work continues on the adult portion of the new transportation policy/procedure and on transportation alternatives
- ❖ Working on a grievance process to be used under Vermont's global commitment to health care
- ❖ Interviewing for the COSIG (Co-occurring State Incentive Grant) Chief as well as Director of Quality Improvement for Adult Mental Health
- ❖ Working to improve data integrity from the designated agencies for VDH Information Technology
- ❖ More effective integration of Mental Health into the public-health sphere
- ❖ Planning for a federal site visit this summer to monitor block grant activities and expenditures

From the Futures Project:

- ❖ The Agency of Human Services (AHS) and the Department of Buildings and General Services (BGS) will make monthly reports to the Joint Mental Health Oversight Committee and the Joint Fiscal Committee through the end of 2006. Beginning in January 2007, AHS and BGS will report to the House Human Services Committee, the Senate Health and Welfare Committee, the House and Senate Appropriations Committees, and the House and Senate Institutions Committees. The focus of these reports will be on the certificate of need (CON), inpatient capacity, location of facilities and capacities, and employee status.
- ❖ Work groups:
 - Housing Development Work Group: first meeting to be held next Monday, June 19
 - Crisis Beds Work Group: holding meetings at crisis bed programs, surveying CRT and Emergency Services Directors, and determining programmatic needs
 - Residential Recovery Work Group: worked on the Williamstown program and will now evaluate the size, type and location desired for another program
 - VSH Employees Work Group: has defined options to enable VSH work force to transition to employment in a new inpatient program and will begin ranking these options

- Care Management Work Group: will develop a recommendation for the Advisory Committee on inpatient bed capacity needed to replace VSH
 - Facilities (Architecture) Work Group: worked with Architecture Plus on space needs for both the primary and smaller inpatient capacities
- ❖ DMH's Futures Project has recently hired two new staff members: Norma Wasko, Ph.D., a Senior Policy Advisor, and Diane Cota, Administrative Assistant. Norma and Diane join Judy Rosenstreich, also a Senior Policy Advisor, and Beth Tanzman, Project Director, working on development and implementation of the Futures Project.
- ❖ The actuarial study of inpatient bed capacity to replace VSH, undertaken by Milliman, Inc., was completed last month. The report presents three scenarios:
- Maintain the status quo: 65 beds
 - Make no changes to the service delivery system
 - By 2016 the needed capacity at VSH or its successor facility would be 65 beds
 - Partial implementation: 53 beds
 - The new inpatient programs are created but only 50 percent of the non-inpatient alternatives in the Futures plan are implemented
 - By 2016 the needed capacity at VSH or its successor facility would be 53 beds
 - Full implementation: 41 beds
 - All aspects of the Futures plan are fully funded and implemented
 - By 2016 the needed capacity at VSH or its successor facility would be 41 beds
- ❖ DMH will meet this Friday, June 16, with City of Burlington officials and department heads to review the material discussed with the Advisory Committee and to refine a communications and outreach plan with the greater Burlington community.
- ❖ Finally, the Mental Health Joint Oversight Committee will meet on Monday, June 20, to weigh the results of the actuarial study and consider the recommendations of the clinical group and advisory committee on bed capacity. In Addition, the Oversight Committee will review the analysis of sites on the Fletcher Allen campus. All meetings are open to the public.

Public Comment: Anne Donahue

Anne said that she does not know the status of the annual VSH report that the Board of Health should have. On another topic, she asked the Standing Committee if members had seen the latest VSH policy on searches for contraband. She also suggested having a look at the new policy on privileges and restrictions.

On the Certificate of Approval, Anne offered some background and context for Standing Committee members. The COA has an extensive history with the Futures group, she said. In March, the Futures Committee endorsed the idea of projects under a COA, but once the COA was developed, Anne said, it should include a way for the Futures group to be involved and have input into the process. Anne has not seen the new COA draft, she told Standing Committee members, and the Futures group did not know anything about it. She does not like the lack of

public input into the process, she said, announcing that she has resigned from the Futures Committee.

Paul Blake responded that potential programs that would come under the COA are much broader than the Futures project, and they need broader input. DMH is presenting the draft COA to the Standing Committees in order to obtain that broader input.

Agenda Items for Summer Meeting, Monday, July 31

- ∞ Conditional voluntary process: Bill McMains and Wendy Beininger
- ∞ VSH report: Terry Rowe
- ∞ Policy development at VSH and recent policies: Terry Rowe
- ∞ Recovery and peer support: Marty Roberts
- ∞ Futures Project: Beth Tanzman
- ∞ Membership Committee: Marty Roberts/Clare Munat
- ∞ DMH Update: Frank Reed

Calendars

PLEASE MARK FOLLOWING DATES: The site visit team from the Center for Mental Health Services will be in Vermont the week of July 17. Some of those team members will want to sit down with as many members as possible of the state's Mental Health Block Grant Planning Council from 1:00 until 3:00 on the afternoon of **Wednesday, July 19**. More details about that meeting will follow.

The next meeting of the Adult Standing Committee will be on **Monday, July 31**, from 10:30 a.m. until 1:30 p.m. in Stanley Hall, Room 100. This is the only summer meeting that the Standing Committee will hold. Following that Standing Committee meeting, Vermont's Mental Health Block Grant Planning Council will meet from 2:00 until 4:00, also in Stanley Hall, Room 100. Further information about that meeting will be mailed to Planning Council members in a few weeks.